

PLEASE NOTE DATE CORRECTION BELOW: CEC/cruise date error in January 2010 KEYNOTES

International College of Dentists USA Section Foundation

March 3-10, 2010 Ten-Day Southern Caribbean/Panama Canal Cruise on the Holland America Line "ms Zuiderdam"

Family and friends are invited to join. **For more information, please visit www.usa-icd.org/foundation**

**** PLEASE FILL IN ALL APPROPRIATE BLANKS – THEN MAIL OR FAX TO CLASSIC TRAVEL ****
4767 Okemos Rd, Okemos MI 48864 * Fax 517-349-6656 * Phone 517-349-6200

Names must match passport exactly

Name: _____ **Male Female**
Last First Middle (circle) Date of Birth mm/dd/yyyy

Attending CEC Course? (circle) Yes No

If yes: Fellow of College Auxiliary of Fellow Non Fellow Dentist Non Fellow Auxiliary

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone _____ Business Phone: _____

Email address: _____

Travel Companion: _____ **Male Female**
Last First Middle (circle) Date of Birth mm/dd/yyyy

Attending CEC Course? (circle) Yes No

If yes: Fellow of College Auxiliary of Fellow Non Fellow Dentist Non Fellow Auxiliary

Course Fees: Fellows of the College and their Auxiliaries Free
Non Fellow Dentist \$395
Non Fellow Dentist Auxiliary \$195

Cabin Choice (check one): *Prices are per person; based on double occupancy (Call for triple or quad rates please)*

- Superior Verandah Suites - \$2,454 per person Veranda - \$1,855.00 per person
 Outside - \$1,645.00 per person (picture window) Inside - \$1,485.00 per person

Ship Transfers may be added at a cost of \$34 per person if your flight arrives Ft. Lauderdale March 3rd before 2pm and departs from Ft. Lauderdale on March 13th after 12 noon.

Please advise if you would like our help booking flights to Fort Lauderdale or making pre and post cruise arrangements.

Trip cancellation, health and accident protection insurance is available and highly recommended.

Please note that the cancellation date is considered to be the date that Classic Travel receives written notice. We recommend mailing/faxing/email cancellations to Classic Travel and then confirming with a telephone call.

Fax completed form to Classic Travel or fax the form leaving credit info blank and call with payment details.

Please charge this amount \$ _____ to the following credit card:

Credit Card _____ exp: _____ security code _____

Billing Address for Credit Card: _____

Signature _____

Or if payment is by check please make checks payable to Classic Travel, and mail to:

4767 Okemos Rd. Okemos, MI 48864 Phone 517-349-6200 Fax 517-349-6656

For questions please call or email: Jean Southwick at jean@classictravelusa.com or Joy Thrun at joy@classictravelusa.com. ICD Fndn contact is Dr. Michael Luberto: email maluberto@aol.com, phone 941-753-9711

Additional Travel Companions: (If adding additional travel companions, please include on a separate piece of paper.)

Travel Companion: _____ **Male Female**
Last First Middle (circle) Date of Birth mm/dd/yyyy

Attending CEC Course? (circle) Yes No

If yes: Fellow of College Auxiliary of Fellow Non Fellow Dentist Non Fellow Auxiliary